UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1994/P/L.9
22 March 1994
ENGLISH
ORIGINAL: ENGLISH/FRENCH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1994
25-29 April 1994

FOR ACTION

# COUNTRY PROGRAMME RECOMMENDATION*

## Benin

The Executive Director recommends that the Executive Board approve the country programme of Benin for the period 1994 to 1998 in the amount of $5.5 million from general resources, subject to availability of funds, and $13,101,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

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## THE SITUATION OF CHILDREN AND WOMEN

1. During the period covered by the last country programme, 1990-1994, the winds of democratization blew through the region, particularly in Benin. The National Conference held in February 1990 dissolved the Government, a Marxist military regime which had been in place for 17 years, and installed a transitional Government to organize legislative and presidential elections in 1991. At the time, the economy was experiencing a serious decline, and this was having an adverse impact on the poor and vulnerable.

2. After two successive structural adjustment programmes and as a result of favourable socio-political factors, agriculture and business activity have expanded, increasing exports and making it possible for the gross domestic product (GDP) to increase from -2.9 per cent in 1989 to -0.9 per cent in 1991. Public debt overhang represented more than 50 per cent of GDP in 1992. Service on public debt, which represented 75 per cent of exports in 1989, declined to 7 per cent in 1992 as a result of rescheduling and cancellations. Notwithstanding the improved macroeconomic environment, social and economic problems persist, including, inter alia, rising unemployment as a result of restructuring of the public and State-subsidized sectors. Between 1989 and 1992, 4,000 public employees were laid off; between 1982 and 1992, that number was more than 15,000.

3. Benin remains one of the world's poorest countries with a gross national product (GNP) per capita of $380. In terms of human development, Benin ranks 162nd out of the 173 countries classified in the United Nations Development Programme's (UNDP) human development index. In 1992, the population was 4.9 million and the annual rate of population growth, including migration, was 3.2 per cent. The country's rate of urban population growth of 7.4 per cent for the period 1969-1990 is one of the highest of the developing countries. Benin appears to be very sensitive to the socio-political instability in the subregion and has been directly affected by the current instability in Nigeria and Togo in particular.

4. Notwithstanding these problems, Benin was one of the first countries to ratify the Convention on the Rights of the Child in August 1990. Soon thereafter, it signed the Declaration and Plan of Action of the World Summit for Children. Benin's efforts in the context of the Bamako Initiative have made it possible to rally broad-based support for the universal immunization campaign. In 1992, the country made further progress in meeting the goals of the World Summit and the intermediate objectives set forth in the Consensus of Dakar which concluded the International Conference on Assistance to African Children. The Government has also committed itself to working out its own national programme of action (NPA) for children.

5. In the health sector, although more than 85 per cent of the communes have access to health centres in a catchment area with a radius of 6 kilometres, 88 out of every 1,000 children die before one year of age. Malaria, acute respiratory infections (ARI) and diarrhoea are the principal causes of infant and under-five mortality (75 per cent). Maternal mortality is caused mainly by haemorrhaging and infections, the total varying between 160 and 800 per 100,000

live births. Census results to be reported this year will provide more precise and reliable data. Acquired immune deficiency syndrome (AIDS), although not yet widespread in Benin, has risen sharply from 247 cases in 1991 to 465 in 1992. There are 10 AIDS cases in Benin for every 100,000 residents (including 210 new cases in 1992 alone).

6. In the area of nutrition, 40 per cent of children under five suffer from moderate malnutrition and 6 per cent from severe malnutrition. The problem stems not so much from the unavailability of food as from poor management of household resources and bad food habits (mainly dietary taboos). It has been estimated that 40 per cent of women of child-bearing age are anaemic. Only 8 per cent of children are subject to nutrition surveillance. Breast-feeding appears to be very widespread; although, owing to other traditional practices, it remains difficult to promote exclusive breast-feeding. In the north, iodine deficiencies are encountered (an overall incidence of 19 per cent) together with vitamin A deficiencies (8 per cent among children in Atacora).

7. With respect to water supply, there are 4,100 water points in rural areas, or a national coverage of 51 per cent. There are marked regional disparities in the availability of water (from 19 to 82 per cent, depending on the department). According to Government sources, only 5 per cent of the rural population has access to sanitation as against 28 per cent of the population in urban areas. The total level of access to sanitation in the country has been estimated to be 11 per cent of the population (United Nations data differ from data cited in this text because the Government has not yet informed the United Nations of the latest changes). Water-borne diseases remain common. Every year, 50,000 cases of dracunculiasis (guinea-worm disease) are reported, or 830 per 1,000 live births. The 36 per cent of villages where it is endemic are high-priority areas for the supply of clean drinking water.

8. The education system suffers from internal inefficiency related to the poor quality of teaching, a lack of teaching materials and irrelevant curricula. There is also the problem of its external inefficiency. A large number of parents view school as a foreign element in their lives. While necessary for social mobility, school is perceived as having little practical value, since most school-leavers are unemployed In primary education for every 1,000 children enrolled in the first year of school, only 312 finish their sixth year and 164 obtain the primary school diploma. The level of primary-school enrolment in 1992 (65 per cent) was virtually identical to the 1985 level (64 per cent). Disparities between departments are substantial and literacy among women has increased very little. Five women out of six do not know how to read or write.

9. Until recently, quantitative data on children in difficult circumstances have been lacking. However, it is clear that the number of such children, particularly street children is rising in tandem with growing urbanization and poverty. There is widespread exploitation of girls for domestic work.

10. Women comprise 51 per cent of the population and 60 per cent of agricultural workers. They head 20 per cent of the households, and many of them work for themselves in the informal sector. Despite the large number of women occupying high positions in society and in government, and despite the fact that

women in general are considered the pillars of the family and the economy, they continue to be viewed as minors, having neither the right to inherit land nor the right to exercise authority over children on an equal basis with men. Women's status in society remains low.

## PROGRAMME COOPERATION, 1990-1994

11. The emphasis in the last programme was on the integration of all primary health care activities (vaccination, nutrition, control of diarrhoeal diseases, health education, water supply) within the framework of the Bamako Initiative. Other components included the advancement of women, early childhood development and social mobilization. The integration of activities was greatly facilitated at the multisectoral level by the Planning Ministry's coordination of the efforts of multisectoral partners, and, at the sectoral level, by various ministerial departments, a consortium of development partners, the Office of Project Coordination of the President of the Republic and also by the round-table process initiated in Geneva in 1992. In that connection, the six sectoral round tables, three of which concern the social sector (health, education and the social dimension of development), will be held before the end of the first quarter of 1994.

### Health and nutrition

12. Thanks to new impetus in the expanded programme on immunization (EPI), immunization coverage was increased from less than 17 per cent in 1985 to 73 per cent in 1992 for children under one year. For pregnant women, immunization coverage increased from 60 per cent in 1985 to 83 per cent in 1992. On the strength of the EPI performance in Benin, the Ministry of Health received the Alfred Comlan Quenum prize from the World Health Organization (WHO) during the World Health Assembly held in May 1993. As a result of these social mobilization efforts, all social categories, including various religious groups, the press and health workers have been working towards the realization of EPI goals.

13. The Bamako Initiative has been applied in 366 health centres covering 90 per cent of the country. EPI/PHC activities have been carried out at 192 of these centres serving 58 per cent of the population (once again, United Nations figures differ here from those cited in the text as the Government has not yet provided updated information). The frequency of prenatal consultation rose from 30 per cent in 1989 to 75 per cent in 1993. The number of patients receiving curative care was 30 per cent and consisted mainly of users residing in proximity to health centres. More than 80 per cent of the health centres recovered local operating costs and costs attributable to the sale of essential drugs (average recovery rate: 111 per cent). Drug availability is ensured through a central purchasing facility.

14. In the field of nutrition, activities have been undertaken in Zou department where the malnutrition rate is the highest in the country. UNICEF has financed the promotion of soy bean growing and consumption through the Department of Food and Applied Nutrition. Nutrition surveillance is performed

by social service centres but remains insufficiently integrated into the activities of the health centres.

Water supply and sanitation

15. The current programme aims to increase water-supply coverage in Zou department, to promote the construction of family latrines and latrine blocks in schools and health centres, and to continue dracunculiasis eradication by including health education among its activities. Until 1991, the United States Agency for International Development (USAID) worked with UNICEF to supply water in Zou department. By September 1993, 150,000 people had access to water, and 300 water points had been created and equipped with India Mark II manual pumps in areas in which dracunculiasis is endemic. As of June 1991, the percentage of patients afflicted with dracunculiasis in northern Zou department was 70 per cent lower than in 1988. Approximately 300 public health development committees, bringing together members of the community, have been established to take charge of health education and data collection. An independent system for the maintenance of pumps has been established through the training of 15 village craftsmen and the start-up of three private stores to sell spare parts. This has ensured that 90 per cent of the pumps managed by the committees are in working order.

16. School nurseries and community gardens have been established to help in promoting protection of the environment and sound nutrition. The income generated by this activity goes to purchase educational materials. As regards sanitation, 122 communal latrines, 63 school latrine blocks and 32 family latrines have been built in Zou department. Also, a national structure has been established to coordinate the dracunculiasis eradication programme. Coordinators at the sub-prefecture and commune level and village volunteers have been trained to provide epidemiological monitoring. At present, 12 per cent of villages in which dracunculiasis is endemic are visited each month by village volunteers under supervision from United States Peace Corps volunteers.

Education

17. The education programme expanded health education in schools, social centres, health centres, women's groups and reading clubs. Education activities have provided mainly a support function for initiatives relating to the goals of health, nutrition and sanitation. Day care was provided through rural nurseries, which proved non-viable. This setback calls for close study in order to identify lessons for the planning of future activities.

18. When measured in terms of the number of workers trained and children served, however, the results have been significant: 546 workers trained in 257 programmes; and 900 pre-school and 7,000 primary schoolchildren served. Moreover, in addition to social workers and health professionals, mothers have been selected and trained to lead discussion groups on Facts for Life topics. Approximately 3,000 neoliterate people have benefited from health education pamphlets produced in the seven national languages. Also, 15,000 women have been served by this programme. These quantitative data, however, fail to reflect results in terms of behavioural change.

Women and development

19. The programme for the advancement of women has provided assistance to women's groups, but, in the absence of monitoring and oversight, the results of the programme have been difficult to measure. Women's groups are becoming an increasingly significant force. As a result of their strong advocacy role, a structure for coordinating women's activities has finally been set up.

Evaluation and lessons learned

20. Many studies and evaluations have been carried out and have helped to shape strategies for the next country programme. In this connection, mention should be made of the evaluation of inter-agency cooperation in the field of water supply, the preliminary study of children in especially difficult circumstances, the study on the situation of young girls, the annual review of the expanded programme on immunization in association with all other development partners, and the study of health-worker motivation. With respect to the Bamako Initiative, Benin has some important assets that could be used to achieve intermediate goals. Apart from a political commitment at all levels and the adoption of a process for working out department-wide plans, there are many available services, good organization and strong community participation. A climate favourable to various donors and the growing involvement of private business and non-governmental organizations (NGOs) in all sectors are also significant assets. The Bamako Initiative, by virtue of its broad coverage (85 per cent of the country), the minimum package of services provided, the availability of essential drugs, broad geographical accessibility, effective community participation, the ability of health centres to absorb local operating costs (including essential drugs), and a well devised strategy, is a framework that is extremely conducive to the achievement of the majority of intermediate goals with regard to prevention (immunization, prenatal care) and curative care (acute respiratory infections, malaria and diarrhoea). However, at present, the Bamako Initiative does not cover the cost of vaccines, transport and the cold chain. Even though many centres employ local contract personnel, the communities should not have to pay their salaries. Oral rehydration therapy represents another important challenge to be met. It will require significant effort in terms of information, mobilization of families to provide household solutions, and conviction and commitment from health personnel; providing this effort will be one of the country programme's highest priorities.

21. The EPI campaign, which was the main area of activity in the first half of the country programme, has resulted in an extraordinary increase in coverage. However, the severe socio-economic crisis of 1988-1990, which coincided with the acceleration of EPI, left the Government with a diminished capacity to meet recurrent costs, and its share of the cost of the programme was transferred to various donors, UNICEF in particular. While the Government's contribution to the payment of recurrent costs is clearly a prerequisite for sustainability, stabilization of the economy in a country such as Benin takes time. In the interim, UNICEF should adopt a flexible stance towards the question of recurrent costs and should work out with the Government a plan for gradual withdrawal. The recommendations of the mid-term review have led to a refocusing of the nutrition programme on goals for the 1990s and the expansion of the education programme to include other components besides health education. To avoid

marginalizing the advancement of women, a women's dimension will henceforth be incorporated in all programmes, including specific activities in the field of education.

22. The new programme will thus concentrate on consolidating previous gains and strengthening ties at all levels of the health system. At the same time, due account will be taken of the need to strengthen national capacity, not only on a technical level, but also with regard to management and supervision at all levels. This, in turn, implies a need to train members of various village committees to enable them to participate more explicitly in the identification of needs and the solution of problems.

23. In view of the weakness of the databases - and hence the disparities in the available data and the innovative nature of the delivery of services - considerable flexibility must be shown when identifying numerical goals for a country that is experiencing a painful transition. Programming based on periodic reviews of objectives with the Government is essential. A more holistic evaluation of the progress being made and the constraints hampering delivery of the country programme is also important in order to accelerate the attainment of quantitative objectives, the qualitative improvement of systems and the promotion of changes in behaviour.

## RECOMMENDED PROGRAMME COOPERATION, 1994-1998

| | |
|---|---|
| Recommended general resources: | $5,500,000 |
| Supplementary funding: | $13,101,000 |

Recommended programme cooperation a/

(In thousands of United States dollars)

| | General resources | Supplementary funds b/ | Total |
|---|---|---|---|
| Health | 1 750 | 6 715 | 8 465 |
| Water supply and sanitation | 750 | 5 433 | 6 183 |
| Education | 1 000 | 953 | 1 953 |
| Planning, monitoring and evaluation | 800 | - | 800 |
| Social mobilization | 125 | - | 125 |
| Programme support | 1 075 | - | 1 075 |
| Total | 5 500 | 13 101 | 18 601 |

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ As indicated in table 3, this column includes projects to be financed with assistance in the form of currently available supplementary funds.

The country programme preparation process

24. Preparation of the new country programme for 1994-1998 has required close collaboration with the Government and all development partners. The process began with the mid-term review in July 1992. The Ministry of Planning coordinated the entire process, which involved all sectoral partners at various levels, thus providing for complementarity among the various interventions. The United Nations system also participated, including the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the Food and Agriculture Organization of the United Nations (FAO), the World Food Programme (WFP) and the World Health Organization (WHO), as did some bilateral partners (France, the United States of America, Canada, Switzerland, Germany and Denmark) and multilateral partners (the World Bank and the African Development Bank (AfDB)), together with local and international NGOs. The analysis of the situation of Beninese children was reviewed at the same time as the national programme of action was being finalized. Both served as a framework for drawing up programmes and identifying goals and strategies for the next programme.

Programme objectives

25. In the larger context of the socio-legal and philosophical framework set out in the Convention on the Rights of the Child and in the context of the social dimensions of the development programme, UNICEF will, in collaboration with the other partners, assist the Government of Benin in attaining the goals identified in the national programme of action which are based on those established by the World Summit for Children and are adapted to the particular experience of Benin. Efforts will be strengthened in order to attain the intermediate objectives by 1995 so as to assist the Government in honouring its commitment to live up to the goals recommended by the Consensus of Dakar.

26. The NPA will be integrated in the social dimension of development as a component that takes into account the situation of women and children. Such integration will make it easier to reflect the NPA and the intermediate objectives in the national development programmes. The cooperation programme between the Government and UNICEF will be an integral part of the NPA involving the participation of all Benin's development partners. The goal of the 1994-1998 cooperation programme is, through a series of appropriate interventions, to make a distinct and measurable improvement in the quality of life of the population, the principal target being all children, girls and women.

27. The intermediate objectives for 1995 are: (a) to increase immunization coverage with the triple vaccine (diphtheria-pertussis-tetanus vaccine) from 73 to 80 per cent; (b) to increase measles immunization coverage from 70 to 90 per cent; (c) to eliminate neonatal tetanus; (d) to stop the spread of polio virus by increasing polio immunization coverage from 3 to 90 per cent; (e) to increase the use rate of ORT from 45 to 80 per cent; (f) to promote exclusive breast-feeding and to expand the "baby-friendly" hospitals initiative to cover 100 per cent of hospitals; (g) to eliminate vitamin A deficiencies; (h) to provide universal access to iodine; and (i) to eradicate dracunculiasis. The partial objectives for 1995 are twofold: first, to increase access to drinking

water from 51 to 60 per cent and to sanitation from 11 to 35 per cent and, second, to increase the school enrolment rate of girls from 44 to 50 per cent.

28. The objectives for the year 2000 are: (a) to reduce infant mortality from 89 to 60 per 1,000 live births in 1990 and to reduce infant and child mortality from 149 to 100 per 1,000 live births; (b) to reduce maternal mortality from 800 to 400 per 100,000 live births; (c) to eradicate poliomyelitis; (d) to reduce malnutrition from 40 to 20 per cent; (e) to increase the primary school enrolment rate from 65 to 78 per cent with special emphasis on girls, the goal being to increase the enrolment rate of girls from 44 to 60 per cent; (f) to reduce illiteracy from 77 to 50 per cent; and (g) to increase access to drinking water from 51 to 70 per cent.

29. The country programme is designed to help Benin achieve substantial progress towards these objectives by the year 1998. The programme is also designed to develop national capacities in the areas of planning, monitoring and evaluation of the objectives. The programme employs advocacy and social mobilization to create, promote and support at all levels the nation's political will to achieve these goals. Because its contribution is limited, however, it will serve rather as a catalyst for mobilizing and collaborating with all partners working in the sectors concerned in order to achieve the objectives that have been established.

Programme strategies

30. While supporting the delivery of services, the country programme will emphasize the following strategic principles: (a) strengthening national capacities; (b) community participation; (c) planning, monitoring and evaluation; and (d) mobilization of resources.

31. UNICEF will strengthen national capacities, including those of local communities, to ensure that efforts will continue. UNICEF will assist the unit responsible for the social aspects of development within the Ministry of Planning and Economic Restructuring in planning, monitoring and evaluation of progress towards achieving NPA objectives and will support the work of preparing decentralized plans of action at the provincial level. UNICEF will also support national efforts to mobilize internal and external resources. The programme will provide technical assistance to grass-roots NGOs and to national bodies like the Regional Centre for Development and Health, the National Institute for Training and Research in Education, and the Benin Centre for Scientific and Technical Research, which may play a supporting role in some programmes and projects. With the aim of encouraging private enterprise, the programme will make the private sector an important partner in drilling wells for the water supply programme.

32. There will be a twin emphasis on organizational decentralization and community participation. Control of resources by the population on the local level will help increase the power of communities, with the support of the NGOs, local groups and other partners. Involvement of parents and the community is one of the key elements in the education programme for increasing school enrolment of girls. In the area of health, the goal is to strengthen community participation in a way that goes far beyond cost recovery. In the areas of

water and sanitation, community members will be given responsibility for all matters relating to choice of infrastructure, maintenance and proposing environmental activities. The primary aim on the community level will be to increase the participation of women both quantitatively and qualitatively. The existing forms of organization - women's groups, management committees, public health development committees, organizations of parents of students - will be helped to become an integral part of a unified force for community development.

33. The objectives of community development are:

(a) To advocate with decision makers, opinion-shapers and the general public to gain their commitment to the programmes for children and women;

(b) To provide support for the sectoral programmes to act as a catalyst for the achievement of the intermediate objectives during the first two years of implementation of the programme and to facilitate a change in behaviour.

34. The Bamako Initiative already has great accomplishments to its credit (supply of essential drugs, including oral rehydration salts (ORS), personnel training, 85 per cent access to health care at the communal level, real community participation, assumption of local costs of operation and essential drugs), but it cannot resolve all the problems. Social mobilization efforts will emphasize the following:

(a) With regard to ORT, the emphasis will be on promoting domestic solutions and proper treatment of cases with ORS in health units or by trained providers;

(b) With regard to the eradication of dracunculiasis, the emphasis will be on proper awareness of the path of transmission of the disease and the use of filter screens, especially in areas without safe drinking water but with less than 500 inhabitants, for which well-drilling is too costly;

(c) With regard to iodine deficiency control, the emphasis will be on advocacy aimed at: decision makers to induce them to adopt legislation on importing iodized salt; importers and local producers to iodize all salt produced; and populations to foster a proper awareness of the health problems resulting from iodine deficiency and to promote acceptance and actual consumption of iodized salt.

35. A separate programme of planning, monitoring and evaluation has been developed. It represents an important strategy to ensure the feasibility and sustainability of all the interventions designed to accomplish NPA objectives and the implementation of course corrections in line with the programme's objectives.

36. Another important strategy involves the mobilization of resources, recipients and development partners, both national and international, to ensure that priority is given to programmes for children in the allocation of human, material and financial resources. The use of the mass media and traditional channels of communication is an important part of the mobilization effort.

Coverage

37. Most aspects of the programme will be implemented nationwide; in some specific intervention sectors, however, the approach will be by geographical area. The target population for the health and nutrition efforts is national. The target population for EPI includes all children under one year of age and all women of child-bearing age. Some nutrition projects involving control of protein-calorie malnutrition and vitamin A deficiencies will be limited to specific geographical areas. The interventions in education will cover a population of 250,000 inhabitants in the three departments with the lowest rates of school enrolment of girls, but they will have value as demonstration programmes and will be able to be quickly replicated; actions on behalf of children in difficult circumstances will be limited to the four largest cities of Benin. The interventions involving water and sanitation will benefit 200,000 persons, particularly in the areas of Zou, Atacora, Borgou and Mono where dracunculiasis is endemic. The social mobilization activities that will underpin all the other projects will not be geographically limited. The programme for planning, monitoring and evaluation will essentially be centralized, but it will support a number of actions on the provincial and local levels.

Health and nutrition

38. All the objectives of this programme should contribute to the achievement of the following goals: (a) reducing morbidity and mortality due to EPI diseases, specifically by eradicating poliomyelitis, eliminating neonatal tetanus and reducing mortality due to measles by 95 per cent and morbidity by 90 per cent from 1990 rates; (b) reducing the infant mortality rate (IMR) due to diarrhoea from 20 to 10 per cent and reducing the IMR due to ARI and malaria by half; (c) reducing the maternal mortality rate (MMR) from 800 to 400 per 100,000 live births; (d) reducing severe protein-calorie malnutrition from 6 per cent to less than 2 per cent; (e) reducing protein-calorie malnutrition from 40 per cent to 20 per cent in children under five years of age; and (f) eliminating iodine and vitamin A deficiencies in areas of Borgou and Atacora where they are endemic.

39. The programme includes three projects: (a) support for development of the health system; (b) maternal health/reproduction/child survival; and (c) nutrition. The programme will take the Bamako Initiative as the basis for all interventions; its main strategies are: (a) strengthening capacities for management and supervision at the highest level involved and capacities at the community level for monitoring health indicators; (b) social mobilization, primarily on behalf of EPI, maternal and child health, AIDS, the Bamako Initiative and nutrition activities; (c) use of community financing for women's revenue-producing activities; and (d) decentralized epidemiological monitoring. In the area of nutrition, the strategies involve advocacy and social mobilization for universal access to iodized salt, use of health centres and schools for health education activities and distribution of products rich in vitamin A, and the integration of epidemiological monitoring into the functions of the health centres.

40. The project of support for the development of the health system will seek to resolve the problems of poor operating efficiency in the health care system, from the commune to the sub-prefecture. Adequate technical supervision and administrative support at the lowest levels of the health care system will develop the capacity for organization and management on the part of health care providers and community representatives.

41. The maternal health/reproduction/child survival project will help to reduce MMRs and IMRs with the help of the social mobilization effort and the educational interventions. This approach will include a large information/education/communication component in support of birth spacing and family planning services, the elimination of neonatal tetanus, the eradication of poliomyelitis, and the proper handling of cases of diarrhoea, malaria and ARI at health centres and at home. Special attention will be paid to the control of sexually transmitted diseases and AIDS.

42. The nutrition project will have a new thrust based on a multi-disciplinary approach, with practical involvement of the population through a system of community-based dissemination of information. The project will help to promote nutrition monitoring and rehabilitation and to eliminate deficiencies in some micronutrients (vitamin A, iron, iodine).

Education

43. The main objectives are to help: (a) to increase the rate of enrolment in primary schools from 65 to 78 per cent, with special emphasis on enrolment of girls; (b) to reduce illiteracy to 50 per cent and to promote life skills through activities for girls and women; (c) to realize health objectives through the same activities; and (d) to improve the chances for social integration of children in difficult circumstances by means of advocacy and appropriate training activities. UNICEF's main strategy is to collaborate closely with USAID and the World Bank, which are providing substantial funds, amounting to some $80 million over a period of five years, for primary education.

44. The first project on education and the community will essentially employ a participatory approach that will involve the communities in all phases of the activities, one of whose prime goals is to increase enrolment of girls in school. The experience garnered as a result of this project will be helpful as new input for educational reform, programme revitalization and teacher training, with the goal of making primary education universal. The results will be shared with the National Committee for the Promotion of Formal Education and the Education of Girls. Other interventions will include non-formal approaches to the education of the younger child and "second-chance" learning opportunities for girls and women.

45. The second project is intended to make decision-makers and the public more aware of the plight of street children and child workers, girls in particular. It will support the development of strategies to provide for their protection, education and integration into society, primarily by forming a partnership with the NGOs working on behalf of children in especially difficult circumstances.

Water and sanitation

46. The programme's objectives are to extend drinking water access from 51 to 70 per cent by 1998, to help to wipe out dracunculiasis by 1995, to reduce mortality due to diarrhoeal diseases from 20 to 10 per cent and to promote environmental protection. The strategies include community participation, especially the participation of women on socio-sanitary development committees, appeal to the private sector, cross-sectoral collaboration, particularly between health and education, and close cooperation with bilateral and multilateral partners, especially the World Bank and the Danish International Development Agency (DANIDA) with regard to water supply.

47. The programme will consist of two projects: the first entails supplying water and developing sanitation in rural areas and areas around cities. It includes plans to supply water in Zou, Borgou and Atacora regions to 200,000 inhabitants of areas where dracunculiasis is endemic and to provide 1,000 families with access to latrines; 150 schools or health centres will be provided with water and latrines. Environmental activities will be carried out in schools and communities, and efforts to promote reforestation will be undertaken in the villages.

48. The project to eradicate dracunculiasis is closely tied to the water project, since the areas where it is endemic are the areas targeted for water supply efforts. The project aims at increasing surveillance coverage from 12 to 100 per cent until the disease is eradicated. The goal is to get all households in villages without drinking water in endemic areas to filter their water and to strengthen national capacity to monitor progress in achieving the eradication objective. The project is under the auspices of the Ministry of Health, which will be responsible for epidemiological surveillance and certifying eradication. United States Peace Corps volunteers will be in charge of training and supervising village health workers in health education and use of cloth filters; the NGO Global 2000 and the Carter Center (United States) will provide technical assistance.

Planning, monitoring and evaluation

49. This programme is designed to assist in strengthening national capacities for planning, monitoring and evaluating programmes for children and women, in improving databases on all levels, including the community level, and in preparing and disseminating the information thus obtained to advance the cause of children and women. The strategy entails strengthening operational capacities for research, data analysis and information dissemination, in collaboration with other partners. Inexpensive, participatory methods will be used to collect data broken down by sex and region. In collaboration with UNDP, the project will set up institutional support for the Government to provide material assistance in the preparation and dissemination of information. It will make it easier to identify monitoring indicators for the NPA and the country programme.

Social mobilization

50. The social mobilization programme seeks to develop the political will to achieve NPA objectives and to create the legal conditions that will facilitate the task, to make all levels of the society more aware of the problems of children and women, and, finally, to promote the required changes in behaviour. The strategy is based on communication and information, on partnership with development associations, NGOs and institutions, on special attention to women as agents of change, on the use of traditional and modern communication channels and on collaboration with other programmes. Two projects have been developed: (a) advocacy with decision makers, opinion-shapers and the general public to secure their commitment to the programmes for children and women; (b) support for sectoral programmes in the role of catalyst for the accomplishment of NPA objectives.

Programme management

51. The Ministry of Planning and Economic Restructuring, specifically the Office for Coordination of Foreign Aid, is in charge of coordinating the country programme. It also manages the NPA unit and the unit in charge of social aspects of development. There will be an annual review to monitor progress towards the NPA objectives in general and towards the intermediate objectives in particular. In 1996, there will be a mid-term review to redefine the annual objectives, if necessary, in the light of the results achieved up to that point.

52. On the country level, the representative is responsible for the entire administration and management of the country office, cooperation between the country programme and the Government of Benin, advocacy and foreign relations. The representative is supported by the Operations Section and the Programme Section, which comprises the health and nutrition, water and sanitation and education units. Last year, the social mobilization and information activities were strengthened by the recruitment of a national administrator. The personnel make-up of the UNICEF office will be changed to foster the development of national capacities more effectively, with a view to increasing the sustainability of cooperation activities in the future. The number of national officers will be increased from three to eight, while the number of officers recruited internationally will be reduced from 10 to 7.

53. Because of the importance of planning, monitoring and evaluation in the country programme, it will be essential to strengthen the capacity of the office to afford real support to the Government in this regard. The office therefore intends to request, in the 1994-1995 budget, a national officer post and a secretarial post to run the planning, monitoring and evaluation programme, supported by an assistant officer for planning, monitoring and evaluation currently responsible for statistical operations and for monitoring the office's work plan. The need to devote specific attention to the various objectives and the mobilization of human and financial resources in order to achieve those objectives entail a corresponding need for human resources in the country office.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Benin (1992 and earlier years)

UNICEF country classification

| | | | |
|---|---|---|---|
| Under-five mortality rate | 147 | (1992) | Very high U5MR |
| Infant mortality rate | 88 | (1992) | High IMR |
| GNP per capita | $ 380 | (1991) | Low-income GNP |
| Total population | 4.9 million | (1992) | |

| KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT | | 1970 | 1980 | 1990 | 1992 |
|---|---|---|---|---|---|
| Births | (thousands) | 133 | 171 | 229 | 243 |
| Infant deaths (under 1) | (thousands) | 20 | 18 | 20 | 21 |
| Under-five deaths | (thousands) | 33 | 30 | 34 | 36 |
| Under-five mortality rate (per 1,000 live births) | | 252 | 176 | 150 | 147 |
| Infant mortality rate (under 1) (per 1,000 live births) | | 148 | 104 | 89 | 88 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Underweight children (under 5) (% weight for age) | Moderate & severe | .. | .. |
| | Severe | .. | .. |
| Babies with low birth weight (%, 1973/1987) | | 10 | 8 * |
| Primary school children reaching final grade (%,1980/1988) | | 15 * | 40 |

| NUTRITION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Exclusive breast-feeding rate (<4 mos.)(%) | | .. | .. |
| Timely complementary feeding rate (6-9 mos.) (%) | | .. | .. |
| Continued breast-feeding rate (20-23 mos.)(%) | | .. | .. |
| Prevalence of wasting (%) | | .. | .. |
| Prevalence of stunting (%) | | .. | .. |
| Daily per capita calorie supply (% of requirements, 1979-81/1990) | | 91 | 104 |
| Total goitre rate (1983) | | 24 | .. |
| Household expenditure (% of total income, 1980-85) | All food/cereals | .. | 37 / 12 |

| HEALTH INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| ORT use rate (%, 1991) | | .. | 45 |
| Access to health services | Total | 10 | 18 |
| (% of population, 1980/1985) | Urban/rural | .. / .. | .. / .. |
| Access to safe water | Total | 18 | 51 |
| (% of population1980/1988) | Urban/rural | 26 / 15 | 66 / 46 |
| Access to adequate sanitation | Total | 21 | 34 |
| (% of population, 1980/1988) | Urban/rural | 48 / 4 | 42 / 31 |
| Births attended by trained personnel (%, 1988) | | .. | 45 |
| Maternal mortality rate (per 100,000 live births, 1987) | | .. | 160 |

| Immunization | | 1981 | 1985 | 1990 | 1992 |
|---|---|---|---|---|---|
| One-year-olds (%) immunized against: | Tuberculosis | .. | 27 | 92 | 84 |
| | DPT | .. | 17 | 67 | 73 |
| | Polio | .. | 16 | 67 | 73 |
| | Measles | .. | 23 | 70 | 70 |
| Pregnant women (%) immunized against: | Tetanus | .. | .. | 83 | 83 |

* UNICEF field office source.

TABLE 1 (continued)

Benin

| EDUCATION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Primary enrolment ratio (gross/net) (%, 1980/1988) | Total | 64 / .. | 65 / 52 |
| | Male | 88 / .. | 87 / 69 |
| | Female | 40 / .. | 44 / 36 |
| Secondary enrolment ratio (gross/net) (%, 1980/1990) | Total | 16 / .. | 11 / .. |
| | Male | 25 / .. | 16 / .. |
| | Female | 9 / .. | 6 / .. |
| Adult literacy rate, 15 years & older (%, 1970/1990) | Total | 16 | 23 |
| | Male/female | 23 / 8 | 32 / 16 |
| Radio/television sets (per 1,000 population, 1980/1990) | | 66 / 1 | 90 / 5 |

| DEMOGRAPHIC INDICATORS | | 1970 | 1980 | 1990 | 1992 | 2000** |
|---|---|---|---|---|---|---|
| Total population | (thousands) | 2693 | 3459 | 4622 | 4918 | 6269 |
| Population aged 0-15 years | (thousands) | 1230 | 1650 | 2254 | 2414 | 3088 |
| Population aged 0-4 years | (thousands) | 489 | 650 | 904 | 968 | 1175 |
| Urban population (% of total) | | 18 | 32 | 38 | 40 | 46 |
| Life expectancy at birth (years) | Total | 39 | 43 | 46 | 46 | 48 |
| | Male | 38 | 41 | 44 | 45 | 47 |
| | Female | 41 | 45 | 48 | 48 | 49 |
| Total fertility rate | | 7.0 | 7.1 | 7.1 | 7.1 | 6.4 |
| Crude birth rate (per 1,000 population) | | 49 | 49 | 49 | 49 | 45 |
| Crude death rate (per 1,000 population) | | 27 | 22 | 19 | 18 | 15 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Contraceptive prevalence rate (%, 1982) | | 9 | .. |
| Population annual growth rate (%, 1965-80/1980-92) | Total | 2.4 | 2.9 |
| | Urban | 8.3 | 4.9 |

| ECONOMIC INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| GNP per capita annual growth rate (%, 1965-80/1980-91) | | -0.3 | -0.9 |
| Inflation rate (%, 1965-80/1980-91) | | 7 | 2 |
| Population in absolute poverty (%, 1980) | Urban/rural | .. / 65 | .. / .. |
| Household income share (%) | Top 20%/bottom 40% | .. / .. | .. / .. |
| Government expenditure (% of total expenditure, 1986) | Health/education | .. / .. | 6* / 31* |
| | Defence | .. | 17* |
| Household expenditure (% share of total, 1980 or 1985) | Health/education | .. / .. | 5 / 4 |
| Official development assistance: (1980/1991) | $US millions | 91 | 270 |
| | As % of GNP | 9 | 15 |
| Debt service (% of goods and services exports, 1980/1991) | | 3 | 7 |

* UNICEF field office source.
** United Nations Population Division projections based on past and current trends.

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## TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1994 a/

COUNTRY: BENIN
LATEST BOARD APPROVAL: 1993
GENERAL RESOURCES: $5 404 000

(In thousands of United States dollars)

| Programme sectors/areas | Supplies and equipment (actual) | | Training grants (actual) | | Project staff (actual) | | Other cash (actual) | | TOTAL | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | General resources | | SF | | Total (GR & SF) | |
| | GR | FSF | GR | FSF | GR | FSF | GR | FSF | Actual | Planned | Actual | Planned | Actual | Planned |
| Primary health care | 2 428 | 581 | 172 | 291 | 720 | 273 | 1 164 | 82 | 4 484 | 2 451 | 1 227 | 13 135 | 5 711 | 15 586 |
| Maternal and child nutrition | 54 | | 54 | | | | 105 | | 213 | 391 | | 2 064 | 213 | 2 455 |
| Water and sanitation | 937 | 217 | 324 | 25 | 760 | 374 | 1 198 | 61 | 3 219 | 471 | 677 | 5 785 | 3 896 | 6 256 |
| Education | 37 | 25 | 237 | | | | 154 | 31 | 428 | | 56 | | 484 | |
| Women's development | 122 | 3 | 40 | | | | 114 | 34 | 276 | 309 | 37 | 649 | 313 | 958 |
| Early childhood development | | | | | | | | | | 447 | | 1 668 | | 2 115 |
| Social mobilization | | | 42 | | | | 138 | 11 | 180 | 213 | 11 | | 191 | 213 |
| Programme support | 127 | | | | 365 | | 664 | 0 | 1 156 | 1 122 | | | 1 156 | 1 122 |
| GRAND TOTAL | 3 705 | 826 | 869 | 316 | 1 845 | 647 | 3 537 | 219 | 9 956 b/ | 5 404 c/ | 2 008 | 23 301 d/ | 11 964 | 28 705 |

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 16 December 1993.
b/ Including expenditure from global fund and additional general resources for funded supplementary funding.
c/ Including additional general resources $949 000 (E/ICEF/1993/P/L.26).
d/ Of this amount, $12 712 779 remains unfunded.

**TABLE 3. PLANNED EXPENDITURE, 1994 - 1998**

(In thousands of United States dollars)

| Country: BENIN<br>Period covered: 1994 - 1998 | Funding status | 1994 | 1995 | 1996 | 1997 | 1998 | Total |
|---|---|---|---|---|---|---|---|
| Health | GR | 350 | 350 | 350 | 350 | 350 | 1 750 |
| | FSF | 1 475 | | | | | 1 475 |
| | NSF | 1 610 | 1 705 | 1 225 | 1 100 | 1 075 | 6 715 |
| Water supply and sanitation | GR | 150 | 150 | 150 | 150 | 150 | 750 |
| | NSF | 841 | 1 485 | 1 186 | 1 002 | 919 | 5 433 |
| Education | GR | 212 | 203 | 201 | 196 | 188 | 1 000 |
| | FSF | 130 | | | | | 130 |
| | NSF | 126 | 245 | 232 | 178 | 172 | 953 |
| Social mobilization and advocacy | GR | 28 | 28 | 25 | 23 | 21 | 125 |
| Planning and social statistics | GR | 150 | 175 | 165 | 155 | 155 | 800 |
| Programme support | GR | 210 | 194 | 209 | 226 | 236 | 1 075 |
| **TOTAL** | GR | 1 100 | 1 100 | 1 100 | 1 100 | 1 100 | 5 500 |
| | FSF | 1 605 | | | | | 1 605 |
| | NSF | 2 577 | 3 435 | 2 643 | 2 280 | 2 166 | 13 101 |
| **GRAND TOTAL** | | 5 282 | 4 535 | 3 743 | 3 380 | 3 266 | 20 206 |

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.

## TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

## BENIN

| PROGRAMME SECTION/AREAS AND FUNDING SOURCES | PROGRAMME BUDGET, 1994-1998 (In thousands of US dollars) | | | | POSTS a/ EXISTING POSTS | | | | | | SUBTOTAL | | | TOTAL | STAFF COSTS b/ (In thousands of US dollars) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | GR | FSF | NSF | TOTAL | D2/L7 | D1/L6 | P/L5 | P/L4 | P/L3 | P/L2 | IP | NP | GS | POSTS | IP | LOCAL | TOTAL |
| GENERAL RESOURCES | | | | | | | | | | | | | | | | | |
| Health | 1750 | | | 1750 | | | | 1 | | | 1 | 1 | | 2 | 709 | 175 | 884 |
| Water supply and sanitation | 750 | | | 750 | | | | | | | | | | | | | |
| Education | 1000 | | | 1000 | | | | | | | | 2 | 1 | 3 | | 386 | 386 |
| Social mobilization and advocacy | 125 | | | 125 | | | | | | | | 1 | 1 | 2 | | 211 | 211 |
| Planning and social statistics | 800 | | | 800 | | | | | | | | 1 | | 1 | | 175 | 175 |
| Programme support | 1075 | | | 1075 | | | | | | | | 1 | 7 | 8 | | 427 | 427 |
| TOTAL GR | 5500 | | | 5500 | | | | 1 | | | 1 | 6 | 9 | 16 | 709 | 1374 | 2083 |
| SUPPLEMENTARY FUNDING: | | | | | | | | | | | | | | | | | |
| Health | | 1475 | 6715 | 8190 | | | | | | | | | 1 | 1 | | 108 | 108 |
| Water supply and sanitation | | | 5433 | 5433 | | | | 1 | 2 | | 3 | | 4 | 7 | 1979 | 144 | 2123 |
| Education | | 130 | 953 | 1083 | | | | | | | | | | | | | |
| TOTAL SF | | 1605 | 13101 | 14706 | | | | 1 | 2 | | 3 | | 7 | 10 | 1979 | 252 | 2231 |
| TOTAL GR & SF | | | | 20206 | | | | 2 | 2 | | 4 | 6 | 16 | 26 | 2688 | 1626 | 4314 |
| ADM AND PROGRAMME SUPPORT BUDGET (Proposed, 1994-1995) | Operating costs | | | 516 | | | | | | | | | | | | | |
| | Staffing c/ | | | 1156 | | | 1 | 1 | 1 | | 3 | 2 | 8 | 13 | 760 | 396 | 1156 |
| GRAND TOTAL (GR + SF + ADM) | | | | | | | 1 | 3 | 3 | | 7 | 8 | 24 | 39 | | | |
| | Number of posts and staff costs: | | | | | | | | | | | | | | | | |
| | - At the beginning of previous programme (1990) | | | | | | | | | | 10 | 5 | 16 | 31 | N.A. | N.A. | N.A. |
| | - At the beginning of proposed programme (1994) | | | | | | | | | | 7 | 8 | 24 | 39 | N.A. | N.A. | N.A. |
| | - At the end of proposed programme (1998) (Indicative only) | | | | | | | | | | 7 | 8 | 25 | 40 | N.A. | N.A. | N.A. |

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ Project posts are funded for five years, core posts are funded for two years.

c/ The posts are effective as of 1 January 1994.

Abbreviations: GR = general resources, FSF = funded supplementary funding, NSF = new supplementary funding, SF = supplementary funding, IP = International Professional, NP = National Professional, GS = General Service, ADM = administrative.